Montana Board of Architects
301 South Park Helena MT 59620 (406) 841-2351 dlibsdarc@mt.gov

## Relationship Form

NAN	TE OF APPLICANT:			
In ac	cordance with ARM 24.114.404, J	please complete either	section number 1 or 2 only	<b>7.</b>
1.	If you are associated with the following business entity please mark it and sign this form.			
	Sole Proprietorship			
2. positi	If you are associated with any of the ion you hold within the entity, indicate	C		e one, indicate which
	Partnership	Corporation	Limited Liability	Company
	Limited Liability Partners	ship	Other	
	S Corporation			
	Position you hold within the Business Entity:			
	Officer	Director	Partner	Employee
	Managing Member	Member	Other	
	Total Number of General Partners, Managers or Directors:  Total Number of Engineers or Architects who are General Partners, Managers or Directors:  Total Number of General Partner, Managers or Directors who are registered as Architects in the State of Montana  (Y/N) Are any other employees of your Business Entity currently applying for licensure in Montana?  If the answer to this question is "yes" please list the names of the other applicants.			
I com	partnership), limited liability company out as able to perform any of the serve partners (if a partnership), <b>two-thirds</b> corporation) <b>are registered</b> under the board as architects or engineers <b>and</b> to <b>architects in Montana</b> ."	y or corporation (including ices involved in the practices of the managers (if a limited laws of any United States) that one-third of the general	e of architecture; provided, that <b>two</b> ed liability company), or <b>two-third</b> <b>jurisdiction</b> or any foreign jurisdic	erforming or holding itself <b>b-thirds</b> of the general <b>s</b> of the directors (if a stion approved by the
ı cer	tify that the foregoing information	is true and correct:		
Lice	nsee Signature:		Date:	